

ACRONYMS AND DEFINITIONS

The following definitions are for use within the Navy Drug and Alcohol Abuse Prevention and Deglamorization Program and are not intended to modify the definitions found in statutory provisions, regulations, or other directives.

**AA (Alcoholics Anonymous).** Worldwide self-help organization consisting of a fellowship of recovering alcoholics whose primary purpose is to "stay sober and help other alcoholics to achieve sobriety."

**Abuse.** For the purposes of this instruction, the word abuse is used as a general term meaning misuse, excessive use, or wrongful use, and is not intended to contradict or modify the use of the term "abuse" as used in clinical diagnosis.

**ADAMS (Alcohol and Drug Abuse Managers/Supervisors Training).** ADAMS consists of three courses: (1) ADAMS Manager is a 4-hour course that enables COs, XO's and command master chiefs to establish and maintain an effective command drug and alcohol program; (2) ADAMS Supervisor is a 1-day course for E-5 and above that teaches Navy policy and supervisory responsibilities in the command program; (3) ADAMS Facilitator is a 5-day course plus a certification process which trains command personnel to conduct ADAMS training.

**ADCO (Alcohol and Drug Control Officer).** An ADCO is a collateral duty position in second and third echelon commands. ADCOs oversee drug and alcohol abuse prevention programs in their claimancy.

**Addiction.** Addiction is characterized physiologically by tolerance (the need for a great amount of the drug to achieve a desired state) and withdrawal (symptoms varying from uncomfortable to serious convulsions, etc.) that are relieved by taking the drug.

**Administrative Screening.** The process by which the command DAPA collects basic information (review of health records, supervisory comments, evaluations, etc.) prior to a medical screening. Basic administrative information is evaluated in the overall screening

OPNAVINST 5350.4C  
29 June 1999

of an individual referred for an alcohol or drug problem.

**ADMITS (Alcohol and Drug Management Information Tracking System).** The primary information management system for the Navy Drug and Alcohol Program. ADMITS collects data on alcohol-related incidents, screenings, treatment, drug testing results, etc.

**AFIP (Armed Forces Institute of Pathology).** A DoD laboratory that manages the integrity of the DoD drug testing program. It operates both open and blind quality control testing.

**Aftercare Plan.** A post-treatment regimen of care prepared by the MTF/ATF at the time a member successfully completes a treatment program. Aftercare plans are prepared in consultation with the member's parent command and may include recommendations for clinically monitored outpatient counseling (continuing care), attendance at self-help groups, and referrals for additional medical/social services. The member's failure to adhere to all provisions of the aftercare plan may result in treatment failure. The aftercare plan is monitored at the command level by the DAPA.

**Alcohol Abuse.** The use of alcohol to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness, and/or the user's health, behavior, family, community, or Department of the Navy, or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct. Alcohol abuse is also a clinical diagnosis based on specific diagnostic criteria delineated in the DSM, and must be determined by a medical officer (MO) or licensed independent practitioner (LIP). A clinical diagnosis of alcohol abuse generally requires some form of intervention and treatment.

**Alcohol-AWARE.** A 4-hour command level course that includes basic information about alcohol use and associated risks, Navy policies, responsible drinking and alternatives. In addition to being a requirement for all personnel, AWARE is a command tool that can be used in a variety of ways. It is targeted at the E1-E4 and O1-O3 population.

**Alcohol Dependence.** Psychological and/or physiological dependence on the drug alcohol as indicated by evidence of tolerance or symptoms of withdrawal as characterized by the

29 June 1999

development of withdrawal symptoms 12 hours or so after the reduction of intake following prolonged, heavy, alcohol ingestion. People are said to be dependent on alcohol when abstinence from use impairs their performance or behavior. Alcohol dependence is a clinical diagnosis based on specific diagnostic criteria delineated in the DSM, and must be determined by an MO or LIP. Untreated, alcohol dependence may lead to death. (See also Alcoholism.)

**Alcohol-IMPACT.** Intensive goal-oriented early intervention designed for individuals who incur an alcohol-related incident. A member previously assigned to attend Alcohol-IMPACT as a result of an alcohol incident who incurs a subsequent incident does meet the previous treatment requirement for ADSEP processing.

**Alcohol Incident.** An offense punishable under the UCMJ or civilian authority committed by a member where, in the judgment of the member's CO, the consumption of alcohol was the primary contributing factor.

**Alcoholism.** A chronic, progressive disease in which the individual is addicted to alcohol. Drinking and symptoms grow worse over time (same as alcohol dependence). For U.S. Navy purposes, the term "alcohol dependence" is used.

**Anabolic Steroids.** Any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth, and includes any salt, ester, or isomer of such a drug or substance described or listed in Title 21 U.S.C., section 802, if that salt, ester, or isomer promotes muscle growth.

**AOHCP (Addictions Orientation for Health Care Providers).** A short course focusing on the diagnosis of alcohol/drug abuse and dependence. AOHCP, or similar training, is required for all health care professionals who are authorized to diagnose abuse or dependence.

**ASAM (American Society of Addictions Medicine).** A professional association of physicians and other medical professionals who specialize in alcohol and other drug treatment. The continuum of care model and other treatment innovations were developed under the guidance of ASAM.

29 June 1999

**ATF (Alcohol Treatment Facility).** Any branch, department, or section, of an MTF that provides screening, referrals, early intervention, or treatment services for alcohol-induced problems. The range of services provided (i.e., from screening and education to residential inpatient treatment) depends on the staffing and capability of the facility.

**BAC (Blood Alcohol Content or Concentration; also BAL, Blood Alcohol Level).** The percentage of alcohol in the blood system expressed in the ratio of grams of alcohol per 100 milliliters of blood. A dynamic measure resulting from a variety of factors -- rate of drinking, strength of drink, body weight, gender, etc. In most states, a .10 BAC is prima facie evidence of driving under the influence. In other states, a .08 BAC is prima facie evidence of intoxication.

**Chain of Custody.** The process by which the integrity of a urinalysis sample is maintained from collection through testing and used at legal proceedings. The chain of custody procedures require strict adherence to the use of custody documents, labels, etc., by authorized personnel.

**Continuing Care.** A phase of treatment designed to provide support for members adjusting to an abstinent life style. Continuing care in most cases will follow a phase of more intense intervention. The normal frequency of continuing care is two hours per week or less.

**Continuum of Care.** The alcohol treatment model used by the U.S. Navy and other military treatment providers. Period of treatment is variable and may occur in a variety of settings. The basic philosophy is to place patients in the least intensive or restrictive treatment environment commensurate with the severity of their needs. Patients can be moved to more or less intensive treatment during the treatment phase as their needs change or problems are identified. The continuum of care is generally divided into five levels of intensity: level 0.5 - Early Intervention (Alcohol IMPACT) 20 hours; level I - Outpatient Treatment (OT) 40 hours/2 weeks; level II - Intensive Outpatient/Partial Hospitalization (IOP) 80-100 hrs/4 to 6 weeks; level III - Inpatient Treatment (IP) 1 to 2 weeks; level IV -

Medically Managed Intensive Inpatient Treatment (IIT) 1 to 2 weeks.

**Controlled Substance.** A drug or other substance found in Schedules I-V of the Controlled Substances Act of 1970 (Title 21 U.S.C., section 812 et al.). Use of controlled substances is restricted or prohibited, depending on the classification of the drug.

**Controlled Substance Analogue (Designer Drug).** A substance, the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II, and which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II. A controlled substance analogue also is a substance, the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II, and with which a particular person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II.

**DAAR (Drug and Alcohol Abuse Report).** (OPNAV 5350/7) The basic reporting form submitted by the command to the ADMITS system. DAAR submission is required for reporting alcohol incidents, drug positives and other system information requirements. The DAAR form should be submitted within 30 days of an incident.

**DAPA (Drug and Alcohol Program Advisor).** A collateral duty command position. The DAPA is the CO's advisor on all matters relating to alcohol or other drugs. Among other duties, DAPAs conduct administrative screenings, prepare required reports (e.g., DAARS), provide prevention education, and monitor aftercare.

**DAPMA (Drug and Alcohol Program Management Activity).** Two detachments of Commander, Navy Personnel Command (COMNAVPERSCOM)

29 June 1999

**PERS-6.** The DAPMAs in Norfolk and San Diego provide alcohol and other drug prevention education, training, and technical assistance to Navy commands via mobile training teams, residential training, and electronic media.

**Deglamorization.** A term used in the alcohol and other drug abuse prevention field. It means to "take the glamour out." Deglamorization is a command requirement and involves not promoting alcohol, providing alternatives, assuring that non-alcoholic alternatives are available at official functions, providing a climate that says "it's okay not to drink," etc. Public information and education that provide information on the significant negative health and behavioral impact of alcohol misuse also are elements of deglamorization.

**Detoxification.** Medical management of the withdrawal from alcohol or other drugs. Withdrawal from alcohol or other drugs can be a life threatening state for those addicted and requires medical management, normally in an in-patient status. Symptoms vary from mild shakes to life-threatening convulsions. Detoxification is not treatment but is the medical stabilization, by drugs, observation, and other means, of individuals going through withdrawal. If required, it precedes treatment.

**DIPM (Drug Information Presentation Manager).** A graphical user interfaced data base that interfaces with ADMITS and the master Navy data base to provide in-depth alcohol and drug abuse trend analysis and threat assessment (e.g., number of drug positives, alcohol incidents, etc., by pay grade, age, education, etc., by geographical area, unit identification code, type commander, etc.).

**DON CAF (Department of Navy Central Adjudication Facility).** The chief adjudication facility for determining eligibility and managing security clearances in the Navy.

**Drink.** A drink of alcohol is defined as 1.5 oz. of liquor, 5 oz. of wine, or 12 oz. of beer. Each contains the same amount of alcohol. This definition is used by researchers, for data collection purposes, and in charts that estimate blood alcohol content (BAC).

**Drug Abuse.** The wrongful use, possession, distribution, or introduction onto a military installation, or other property or facility under military supervision, of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol). "Wrongful" means without legal justification or excuse, and includes use contrary to the directions of the manufacturer or prescribing healthcare provider, and use of any intoxicating substance not intended for human ingestion. (For purposes of this instruction, drug abuse also includes inhalant abuse (sometimes referred to as "huffing") and steroid usage other than that specifically prescribed by a competent medical authority.)

**Drug Dependence.** Psychological and/or physiological reliance on a chemical or pharmacological agent as defined by the current DSM. It is the physiological alteration to the body or state of adaptation to a drug which, after repeated use, results in the development of tolerance and/or withdrawal symptoms when discontinued, and/or the psychological craving for the mental or emotional effects of a drug that manifests itself in repeated use and leads to a state of impaired capability to perform basic functions. Drugs have varying degrees of risk of addiction with nicotine and crack cocaine having the highest potential for addiction with very little use. The term does not include the continuing prescribed use of pharmaceuticals as part of the medical management of a chronic disease or medical condition.

**Drug Paraphernalia.** All equipment, products, and materials of any kind that are used, intended for use, or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled substance in violation of title 21 U.S.C., section 801, et seq.

**Drug-Related Incident.** Any incident in which the use of a controlled substance or illegal drug, or the misuse of a legal drug or intoxicating substance (other than alcohol) is a contributing factor. Mere possession or trafficking in a controlled substance, illegal drug, legal drug intended for improper use, or drug paraphernalia may be classified as a drug-

29 June 1999

related incident. Additionally, testing positive for a controlled substance, illegal drug or a legal drug not prescribed, may be considered a drug-related incident.

**DSM (Diagnostic and Statistical Manual of Mental Disorders).**

A manual prepared by the American Psychiatric Association as a guide for clinical practitioners. DSM has many uses. In the alcohol and other drug field, it provides the diagnostic criteria for alcohol abuse, alcohol dependence, drug abuse, and drug dependence. Each updated edition of the DSM is identified by a roman numeral, e.g., DSM-III, DSM-IV, etc. All references to the DSM in this instruction refer to the current edition at time of application.

**DUI/DWI (Driving Under the Influence/Driving While Intoxicated).**

DUI/DWI refers to the operation of, or being in the physical control of a motor vehicle or craft while impaired by any substance, legal or illegal. Definitions vary slightly from State to State. In most States a recorded BAC for alcohol ranging from .08 to .10 is prima facie proof of DUI/DWI without any other evidence. It should be noted that in many States, drivers can be impaired at levels lower than .08 and can be convicted on other evidence without a recorded BAC (see Substantiated DUI/DWI). Additionally, operation of, or being in physical control of a motor vehicle or craft with any recorded BAC for alcohol by a person under the age of 21 may be prima facie evidence of DUI in many States. Further guidance concerning DUI/DWI is contained in Article 111, UCMJ and its analysis.

**Heavy Drinker.** For survey or other data collection purposes, a heavy drinker is defined as one who drinks five or more drinks per typical drinking occasion at least once a week.

**Illegal Drug.** The category of substances including controlled substances, controlled substance analogues, and all other prohibited (whether by law or regulation) drugs (e.g., LSD, marijuana, cocaine, heroin, etc., sometimes referred to as illicit drugs).

**Impaired.** Per the UCMJ, "impaired" means any intoxication which is sufficient to diminish the rational and full exercise of the



member's mental or physical faculties.

**Inhalant Abuse (Huffing, Puffing, etc.).** The intentional inhalation or breathing of gas, fumes or vapors of a chemical substance or compound with the intent of inducing intoxication, excitement, or stupefaction in the user. Nearly all abused inhalants produce effects similar to anesthetics, which slow down the body's function. Varying upon the level of dosage, the user can experience slight stimulation, feeling of less inhibition, loss of consciousness, or suffer from Sudden Sniffing Death Syndrome (this means the user can die from the 1st, 10th, or 100th time he or she abuses an inhalant).

**Intervention.** The act or process of confronting or otherwise directing an individual to obtain help for an alcohol or other drug problem. Many individuals who have alcohol or drug problems deny those problems or are unwilling to seek help. COs, supervisors, shipmates, counselors, other medical professionals or spouses can intervene.

**Licensed Independent Practitioner (LIP).** The LIP is a licensed psychologist, physician, psychiatrist or other medical professional who has the clinical responsibility for the screening, assessment and treatment of alcohol and other drug clients. An LIP clinically supervises counselors and has the ultimate responsibility for the treatment of clients under his or her supervision.

**Medical Screening.** The actual assessment of an individual's alcohol or other drug problems to determine if a diagnosis of alcohol abuse or dependency is warranted and to determine treatment requirements. Navy drug and alcohol counselors collect information and impressions for the screening, but the actual diagnosis must be made by an LIP or qualified MO.

**Moderate Drinking.** Moderate drinking has no legal meaning and, with the exception of health guidelines, is not a standard.

**MTF (Medical Treatment Facility).** Any DoD or authorized civilian institution that provides medical, surgical, or psychiatric care and treatment for sick or injured DoD personnel and their dependents. Alcohol and other drug treatment in the Navy is the

OPNAVINST 5350.4C  
29 June 1999

responsibility of the Chief, Bureau of Medicine and Surgery. Alcohol treatment may be an integral department of an MTF or may exist or operate independently and report to a cognizant MTF.

**NAVDRUGLAB (Navy Drug Screening Lab).** Navy labs that process urinalysis samples. Labs are monitored by AFIP and are inspected quarterly by BUMED and annually by DoD and CNO.

**NAVDWEB.** The Navy Drug and Alcohol World Wide Web site. NAVDWEB provides training and education materials and programs, drug and alcohol program information, and prevention resources, etc., that may be downloaded or accessed interactively online. NAVDWEB can be accessed by any member or activity possessing INTERNET access capability by logging on NAVDWEB.SPAWAR.NAVY.MIL.

**NDAAC (Navy Drug and Alcohol Advisory Council).** Regional or area councils with specified memberships (e.g., COs, shore patrol, MWR, treatment providers, etc.) who meet regularly to determine the alcohol and other drug threat and plan and implement countermeasures.

**NDAC (Navy Drug and Alcohol Counselor).** A military member or civilian employee specifically trained and certified to conduct screening, counseling, education and treatment of alcohol and other drug abusers or those dependent on alcohol or other drugs. Limits of practice are strictly defined, and counselors must work under the clinical supervision of a licensed independent practitioner.

**NDACS (Navy Drug and Alcohol Counselor School).** The residential school for training active duty Navy drug and alcohol counselors.

**NDSP (Navy Drug Screening Program).** A computer-based application developed to assist COs in administering monthly random drug testing. Once parameters have been set, NDSP selects the test days and the individuals to be tested. Use of NDSP virtually eliminates the opportunity for cheating on urinalysis.

**Patient Placement Dimensions.** Set of criteria used to determine the level of treatment after a diagnosis of alcohol dependence or alcohol abuse. Primarily consists of six factors that are

assessed to determine where a patient will be placed in the continuum of care. Factors include: withdrawal potential, biomedical, emotional/behavioral, treatment acceptance, relapse potential, and recovery environment. Operational schedules are a major consideration.

**PREVENT 2000 (Personal Responsibility and Values Education and Training).** PREVENT 2000 is a prevention education and health promotion course specifically developed to target the 18-25 year age group. PREVENT 2000 deals with life choices related to drug and alcohol use, interpersonal relationships (including sexual responsibility), health, fitness and financial responsibility. PREVENT 2000 is not intended as an intervention.

**Prevention Program.** An ongoing process of planned activities to specifically counter the identified threat of drug and alcohol abuse in a geographical area or command. Prevention programs normally include: threat assessment, policy development and implementation, public information activities, education and training, deglamorization, and evaluation. Effective prevention programs are tailored to the specific area or command, i.e., command-/community-based.

**Referral (Alcohol).** Command- and self-referrals are means of early intervention in the progression of alcohol abuse by which members can obtain help or be directed to avail themselves of help before a problem becomes more advanced and more difficult to resolve without risk of disciplinary action. Command-referral occurs when the CO orders a member to screening for a suspected alcohol problem, while a self-referral occurs when the member him/herself reports to a qualified self-referral representative to request help for a potential alcohol problem. (Self-referral rules for drug abuse differ from alcohol. See Self-Referral (Drug Abuse).)

**Relapse.** Addiction and alcoholism (alcohol dependence) are considered diseases of relapse. A relapse is a return to drinking or drugging, no matter how brief. Sometimes a relapse can be therapeutic if it reinforces to the individual that he or she really does have a problem and strengthens his or her commitment to a recovery program. On the other hand, a relapse could result in a full blown return to drinking with all its

29 June 1999

attendant problems requiring another intervention and treatment, and may result in treatment failure.

**Right Spirit.** "The Right Spirit Campaign" is an ongoing SECNAV-sponsored Alcohol Abuse Prevention and Alcohol Use Deglamorization campaign to reduce the incidence of alcohol abuse and to deglamorize drinking. The Right Spirit stresses responsibility and accountability at all levels.

**Self-Referral (Drug Abuse).** Process by which a Navy member who believes that he or she is dependent (addicted) on drugs may report to a qualified self-referral representative (as listed in paragraph 2b of this instruction) and receive a screening at an ATF/MTF for official determination of drug dependency. Members found to be drug dependent will be exempt from disciplinary action for drug abuse if they accept and participate in treatment offered by the Navy. However, a valid self-referral is still considered an incident of drug abuse, and the member will be processed for administrative separation. The type of discharge will be characterized by his or her overall service record, not just the incident of drug abuse. Members found not drug dependent, but who have used drugs, will not be exempt from disciplinary action, will be disciplined as appropriate, and will be processed for administrative separation. Members found not drug dependent, and who have not used drugs, will be disciplined as appropriate and processed for administrative separation or retained and returned to duty in accordance with the needs of the Navy.

**Serious Offense.** Any offense committed by a member for which a punitive discharge, or confinement for 1 year, would be authorized by the Manual for Courts-Martial for the same or a closely related offense. See reference (e), Article 1910-142 for enlisted members and 1611-010 for officers.

**Substantiated DUI/DWI.** A charge of Driving Under the Influence, or Driving While Intoxicated (DUI/DWI) is considered substantiated if there is a conviction by a military or civilian court, a finding of guilt at NJP, or if, in the judgment of the CO, the available evidence supports the allegation that the member was in operation of a motor vehicle, vessel, or craft

while under the influence of, or intoxicated by alcohol and/or other drugs in violation of local statutes, regulations, and/or the UCMJ. Upon notification or report of a member's arrest for DUI/DWI, COs must investigate the circumstances, consider all the relevant facts (e.g., police report, eyewitness statements, member's statement, BAC test result, etc.) and make a determination of the validity of the charges. Refer to reference (c) for detailed description of a substantiated DUI/DWI offense.

**Threat Assessment.** The assessment of the impact and potential impact of alcohol or other drugs on a command, geographical area, etc. A variety of data and reports make up the threat assessment, e.g., shore patrol reports, information from local police, DIPM information, etc. An effective prevention program requires an ongoing threat assessment.

**Treatment.** The process of restoring to effective function by means of a structured therapeutic program. The level and length of treatment depends on the severity of the alcohol or drug problem. (See "Continuum of Care" definition.)

**Treatment (Rehabilitation) Failure.** Treatment is a failure when: (1) A member incurs an alcohol incident any time in his/her career after a period of treatment that was precipitated by a prior incident; or (2) a member has incurred an alcohol incident or self-refers, and is screened by medical and found to be in need of treatment, and commences and subsequently fails to complete treatment, or refuses treatment (non-amenable); or (3) a member fails to participate in, fails to follow, or fails to successfully complete a medically prescribed and command-approved aftercare plan; or (4) a member returns to alcohol abuse at any time during his/her career following treatment, and is determined to be a treatment failure by an appropriate LIP or MO.

**TRICARE.** A DoD medical services delivery system characterized by reciprocal facilities and services of all three military departments. Within a TRICARE region, a servicemember may be referred to the nearest MTF, regardless of the branch of Service.

**UPC (Urinalysis Program Coordinator).** A collateral duty command position filled by an E-7 or above. The UPC is responsible for all aspects of the command urinalysis program, from

OPNAVINST 5350.4C

29 June 1999

facilitating testing and training observers, to maintaining chain of custody, to labeling and shipping specimens.

.